

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P09088 (6)

**1. Corporation Name
LANDMARK BUSINESS GROUP INC.**



**Principal Place of Business
P.O. BOX 2606
AURORA IL 60507-9606**

**Mailing Address
P.O. BOX 2606
AURORA IL 60507-2606**

3. Date Incorporated or Qualified 02/14/1986 **3a. Date of Last Report 05/01/1996**

4. FEI Number 38-2417750 **Applied For Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**2. Principal Place of Business
21 40 Briaragate Circle
Suite, Apt. #, etc.**

**2a. Mailing Address
26 Suite, Apt. #, etc.**

**22 City & State
23 Aurora, IL 60504**

**27 City & State
28**

24 Zip 60506 Country USA

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUY SPIEGELMAN, ESQ.
ROBERTS BLDG. SUITE 400
28 W. FLAGLER STREET
MIAMI FL 33130**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signer's typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, KATHLEEN M.	
STREET ADDRESS	29 CEBOLD DR.	
CITY-ST-ZIP	OSWEGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, KATHLEEN M.	
STREET ADDRESS	29 CEBOLD DR.	
CITY-ST-ZIP	OSWEGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POULOS, DEBORAH	
STREET ADDRESS	210 SKYVIEW	
CITY-ST-ZIP	PETOSKEY MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	40 Briaragate Circle
1.4 CITY-ST-ZIP	Aurora, IL 60504
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	40 Briaragate Circle
2.4 CITY-ST-ZIP	Aurora, IL 60506
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen M. Fairbanks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/97 630-466-0769
Date Daytime Phone

CR2E034 (9/96)